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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopic evaluation, biceps tenodesis, acromioplasty of right shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

Official Disability Guidelines was used for the denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was using a sprayer above the shoulder and was going backwards and forwards with the spray when she felt pain in the shoulder.

On XX/XX/XX, magnetic resonance imaging (MRI) of the right shoulder was completed. The study documented superior labral anterior posterior (SLAP) tear of the glenoid labrum, grade I tenosynovitis of the long head of the biceps, and small right shoulder joint effusion.

On XX/XX/XX, the patient was seen and evaluated for right shoulder pain. She stated that she had undergone 12 sessions of physical therapy (PT) with no improvement. She was taking ibuprofen which relieved the pain. She was a right-hand dominant female. Right shoulder examination revealed positive Neer's sign, Hawkin's test, Jobe's test, and O'Brien's test. The belly press caused pain along the arm. She was unable to perform lift off test due to restricted internal rotation. There was anterior acromion tenderness. Right shoulder radiographs revealed no abnormalities. XX reviewed the MRI study and diagnosed right shoulder SLAP tear. XX recommended arthroscopic evaluation, acromioplasty, and biceps tenodesis of the right shoulder.

Per a Utilization Review dated XX/XX/XX, XX denied the request for arthroscopic evaluation acromioplasty, and biceps tenodesis of the right shoulder with the following rationale: "The MRI of the right shoulder did not show any inconclusive findings. In addition, there is no indication the patient has failed to improve with conservative therapy, including physical therapy for at least 3 months' duration prior to surgical intervention. Peer to peer contact was unsuccessful. As such, the request for arthroscopic evaluation, CPT code 29805, is non-certified. There was lack of detail regarding conservative therapy including cortisone injection and physical therapy for a duration of at least 3 to 6 months. There is no indication the patient is experiencing nocturnal pain, and range of motion measurements were not provided to evidence a weak or absent abduction. In addition, the MRI of the right shoulder does not provide positive evidence of impingement. As such, the request for acromioplasty, CPT code 29826, is non-certified. The patient is not of age 40 or older. There is lack of detail regarding conservative treatment to include physical therapy of at least 3 months' duration and injections. In addition, the MRI of the right shoulder did not show any evidence of any lesions. As such, the request for biceps tenodesis of the right shoulder, CPT code 29828, is non-certified. Peer to Peer contact was attempted and

unsuccessful.”

On XX/XX/XX, the patient was reevaluated. She continued to report right shoulder pain and she continued to work. The pain was worse than before. Objectively, there was tenderness over the bicipital groove and anterior acromion. Speed test was positive. Yergason test was positive. Jobe test was negative. Belly press was positive. She was unable to do lift off because of severe restricted motion with internal rotation. Neer's and Hawkins' tests were positive. Shoulder ROM was flexion 135 degrees, extension 40 degrees, abduction 120 degrees, internal rotation was 30 degrees with crepitations, external rotation was 70 degrees. XX diagnosed right shoulder SLAP tear and continued to recommend right shoulder arthroscopic evaluation and biceps tenodesis and acromioplasty.

On XX/XX/XX, XX completed a reconsideration appeal and upheld the denial. Rationale: *“This is a reconsideration request for arthroscopic evaluation acromioplasty and biceps tenodesis of the right shoulder with CPT codes: 29805, 29826, 29828. This request previously obtained an adverse determination on XX/XX/XX. This XX-year-old patient presented with persistent right shoulder pain despite ibuprofen intake and completion of 12 PT sessions. ODG states that for individuals with objective findings of impingement syndrome on physical examination, subacromial injection, steroid injection and imaging studies and who have failed conservative treatment including steroid injections and an exercise program, surgery may be appropriate after 3-6 months. Impingement signs were noted on exam and imaging showed evidence of type II acromion process with inferior acromial downsloping mildly narrowing the anterior shoulder outlet. However, it was unclear if subacromial injection was done prior to the request for acromioplasty. While examination findings were suggestive of SLAP tear with positive O'Brien's, there was no clear evidence of type II or IV SLAP lesions on MRI for which biceps tenodesis may be indicated. Moreover, there was no clear documentation of biceps area steroid injection. In addition, ODG recommends biceps tenodesis in age 40 and older. Diagnostic arthroscopy is also not indicated at this time considering that MRI showed conclusive findings and conservative treatment had not been exhausted. As such, the necessity of arthroscopic evaluation acromioplasty and biceps tenodesis of the right shoulder is still not established. Peer to peer discussion has not been achieved despite a call to MD's office. Recommend non-certification.”*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Arthroscopic evaluation and possible biceps tenodesis and acromioplasty of the right shoulder is indicated and appropriate following a XX/XX/XX injury after which the claimant underwent physical therapy, medications, and activity modifications. The records reflect that examination appeared consistent with intrinsic shoulder pathology as opposed to radicular. MRI confirmed a SLAP tear and tenosynovitis of the biceps. Certainly, other nonoperative modalities could be attempted such as glenohumeral or bicipital sheath injections. However, based upon the treatment rendered thus far and persistence of symptoms, it is reasonable and appropriate to proceed with surgery as requested.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines® (21st annual edition) 2016

Shoulder (updated XX/XX/XX)

Diagnostic arthroscopy

Recommended as indicated below. Criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (Washington, 2002) (de Jager, 2004) (Kaplan, 2004)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS)

Surgery for biceps tenodesis

Criteria for Surgery for Biceps tenodesis:

- History and physical examinations and imaging indicate significant biceps tendon pathology
- After 3 months of failed conservative treatment (NSAIDs, injection and PT)
- Advanced biceps tendinopathy
- Type II SLAP lesions (fraying and some detachment)
- Type IV SLAP lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear)

- Generally, type I and type III SLAP lesions do not need any treatment
- Also patients undergoing concomitant rotator cuff repair
- Age 40 and older
- Below age 40 if undergoing concomitant rotator cuff repair

Surgery for impingement syndrome

ODG Indications for Surgery -- Acromioplasty:

Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery.)

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS
2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS
3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS
4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram shows positive evidence of impingement.